

**FENWICK & WEST LLP**

SAN FRANCISCO OFFICE | EMBARCADERO CENTER WEST
275 BATTERY ST., SUITE 1500 | SAN FRANCISCO, CA 94111
TEL 415.875.2300 | FAX 415.281.1350 | WWW.FENWICK.COM

RECEIVED
CENTRAL FAX CENTER
MAY 02 2005

FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: May 2, 2005

CLIENT-MATTER No.: 19538-05784

To:

NAME	FAX No.	PHONE No.
Examiner Jonathan G. Sterrett Group Art Unit 3623 Commissioner for Patents	(703) 872-9306	

FROM: Robert A. Hulse
Reg. No. 48,473

PHONE: (415) 875-2444

SENT BY: Tiffany Bell

PHONE: (415) 875-2445

NUMBER OF PAGES WITH COVER PAGE: 25	ORIGINAL WILL NOT FOLLOW
-------------------------------------	--------------------------

MESSAGE:

Application No.: 09/782,677
Filing Date: February 12, 2001
Inventor(s): Mark C. Pace et al.

Please See Attached Amendment A

RECEIVED
MAY -4 2005
OJPE/JCWS

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL TIFFANY BELL AT (415) 875-2445 AS SOON AS POSSIBLE.

PTO/SB/21 (modified)

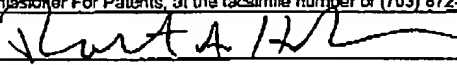
Approved for use through xx/xx/xx, OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0001/PTO Rev. 10/95 TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	U.S. Department of Commerce Patent and Trademark Office		Application Number	09/782,677
			Filing Date	February 12, 2001
			First Named Inventor	Mark C. Pace
			Group Art Unit Number	3623
			Examiner Name	JONATHAN G. STERRETT
Total Number of Pages in This Submission		24	Attorney Docket Number	19538-05784

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration (copy)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of ___ Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Copy of Filing Receipt	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment/Response: [21] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	Robert A. Hulse, No. 48,473
Dated:	May 2, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence, including any enclosures identified below, is being transmitted via facsimile on the date shown below to: Mail Stop Amendment, Commissioner For Patents, at the facsimile number of (703) 872-9306.	
Signature:	
Typed or Printed Name:	Robert A. Hulse
Dated:	May 2, 2005
Express Mail Mailing Number (optional):	

19538/05784/SF/5142358.1

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 420)

Complete if Known

Application Number	09/782,677
Filing Date	February 12, 2001
First Named Inventor	Mark C. Pace et al.
Examiner Name	J. Sterrett
Art Unit	2161
Attorney Docket No.	19538-05784

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	395	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	20	X	
Multiple Dependent	3	X	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	260	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	0.00

*or number previously paid, if greater, For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES.

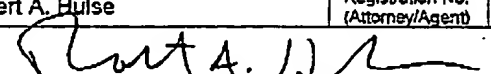
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	420
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify):

SUBTOTAL (3) (\$ 420)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	Robert A. Hulse	Registration No. (Attorney/Agent)	48,473	Complete (if applicable)	Telephone (415) 875-2444
Signature				Date	May 2, 2004